

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

Civil Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s),  
v.

APPLICATION FOR SPECIAL  
ADMISSION – *PRO HAC VICE*

\_\_\_\_\_  
Defendant(s).

Attorney \_\_\_\_\_ requests special admission *pro hac vice* in the above-captioned case.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the requirements of LR 83-3, and certify that the following information is correct:

**(1) PERSONAL DATA:**

Name: \_\_\_\_\_  
(Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Firm or Business Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

**(2) BAR ADMISSIONS INFORMATION:**

(a) State bar admission(s), date(s) of admission, and bar ID number(s):

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(b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

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**(3) CERTIFICATION OF DISCIPLINARY ACTIONS:**

(a)  I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or

(b)  I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

**(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

**(5) REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:

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**(6) CM/ECF REGISTRATION:**

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at [ord.uscourts.gov](http://ord.uscourts.gov)), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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(Signature of Pro Hac Counsel)

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(Typed Name)

**CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:**

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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(Signature of Local Counsel)

Name: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_ (Suffix)

Oregon State Bar Number: \_\_\_\_\_

Firm or Business Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_

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**COURT ACTION**

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- Application approved subject to payment of fees.
- Application denied.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Judge